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DEPARTMENT OF HEALTH  
AND ENVIRONMENT

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Division of Health

## **Bureau of Family Health**

### **Part C Infant-Toddler Services**

#### **Overview**

- Comprehensive, statewide system of community-based, family-centered, individualized services for young children and their families
- Individualized support to expand the capacity of families to care for and enhance their eligible child's development including children identified with Autism Spectrum Disorders (ASD)
- Individualized support to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life
- State lead agency Kansas Department of Health and Environment (KDHE)
- Federal lead agency - Office of Special Education Programs (OSEP) in conformance with Part C of the Individuals with Disabilities Education Act 2004 (IDEA 2004)
- Collaboration with other state and local agencies/programs to assure a comprehensive system of early intervention services: Social and Rehabilitation Services, Kansas State Department of Education, Kansas Insurance Department, local Community Developmental Disability Organizations (CDDO), local health departments, mental health, Early Head Start, Head Start, Parents As Teachers, school districts, hospitals, physicians, and others
- 36 self-defined community networks across Kansas providing early intervention services, child find/public awareness activities, referral, eligibility determination via evaluation, development of an Individualized Family Service Plan (IFSP), [including 12 week review (or more often) with annual revision], ongoing assessment, family services coordination, and transition planning
- Individualized intervention services based on the strengths and needs of each child and the concerns/priorities of the family
- Family-centered and family-guided services
- Services are provided in natural environments, including the home, and community settings in which children without disabilities participate
- Guarantees of procedural safeguards concerning resolution of conflicts, access to records, and confidentiality of information
- Intervention services that might include, at a minimum, the services outlined by IDEA 2004, Part C such as family training, counseling, special instruction/early childhood special education, speech-language pathology, occupational therapy, physical therapy, psychological services, family services coordination, medical services only for diagnostic or evaluation purposes, early identification, screening, and assessment services, health

services necessary to enable the infant or toddler to benefit from the other early intervention services, social work services, assistive technology and other services as defined by the IFSP team which may include specific autism services

- Personnel who meet the highest requirements in Kansas applicable to a specific profession or discipline
- Personnel are required to take part in continuing education in order to serve in the Part C networks. The CE experience shall focus on young children with disabilities and/or with developmental delay and their families. Part C personnel are required to be knowledgeable in child development specific to 0-5/family systems/services in natural environments.
- IDEA 2004 requires that services be based on research/evidence based practices requiring personnel to be knowledgeable/current in research in the field of early intervention as well as discipline specific information.

### **Child Find (How are children, in need of services located?)**

- System of child find found at state and community level and supported by law
- Primary referral sources include Medical (physicians, nurses); Health Departments; Early Childhood Partner Programs such as PAT, EHS; SRS; Foster Care
- Parents may refer directly to a network
- Part B shares responsibility for Child Find 0-21; local districts are involved in screenings
- Part C networks are involved in a variety of activities at the local level to find children such as marketing/public relations activities, involvement in community activities, and partnerships with primary referral sources.
- Networks use screening tools specific to Autism such as the MCHAT and others. Recent work by networks has been to study early warning signs to look for subtle cues of autism in our very young children (14 months and older). Information is shared with primary referral sources so all know the early signs.
- State level single point of contact – Make A Difference Network – in partnership with KSDE

### **Eligibility (How do children qualify to enter the system?)**

- Eligibility can be verified using the following methods in Kansas:
  - Automatic eligibility due to established risk (diagnosis has been determined by research to most likely result in delay/disability). A diagnosis of ASD would be a diagnosis that makes a child automatically eligible for services.
  - Delay of 25%/1.5 SD in one area of development or 20%/1 SD in 2 or more areas.
  - Clinical Judgment of a multi-disciplinary team.
- A variety of evaluation/assessment tools are used. Networks use tools specific to Autism when appropriate such as the M-CHAT, sensory profile, PEP-3, and other Autism related assessments/instruments.
- Evaluation should be multi-sourced and multidisciplinary (to include medical/health records/observation/parent interview/standardized and criterion referenced)
- Note: A child has many ways to enter the Part C system. The Part C system does not require a specific diagnosis to receive appropriate services. Once eligible, children are provided the services that the child and family needs based on the individual child and family. This enables children who are exhibiting very early signs of Autism, or those in the diagnostic process to receive appropriate services in a timely manner.

## **Funding**

- Funding Streams accessed by all 36 Networks: Federal funds via the U.S. Department of Education, State General Funds, Children's Initiative Funds, KSDE Special Education Categorical Aid; Medicaid.
- Additional funding streams vary by community and include private insurance, private fundraising, private foundations, United Way, community funds such as county mill levy

## **Autism Specific Information**

- Services are based on the individual needs of child and family.
- The field of special education and early intervention has worked diligently over the past decades to make services available to children based on identified need, and not dependent on diagnostic label (consistent with IDEA ), especially considering the poor reliability and validity of standardized tools with the 0-3 population, and the lack of qualified diagnosticians for this age group in much of our state.

## **Recent Work by Part C/Partners across the State in reference to Autism**

- Headstart/Special Education Collaboration Project - Topic: Autism - Presentations across the State by panel which included parents of children with ASD
- Financial support of Families Together to include support of parents of children with Autism
- KSDE is supporting an Institutes of Higher Education group that is currently working on Kansas Autism Guidelines for evidence based practices. Part C representatives are a part of this group.

## **Local Program Highlights**

- Families offered a continuum of services based on individual needs of child and family as identified by IFSP team that includes family members.
- Teams include highly qualified staff (as defined in IDEA) with specific experience in serving children with Autism. Networks identify themselves as having staff members who have significant experience in working with young children with Autism.
- Networks report staff enrolled in advanced coursework at University specific to Autism at KU.
- Early Intervention Services and programs are designed on an individual basis, because children vary greatly in their disabilities and abilities.

## **Autism Information by Networks**

Kansas Infant Toddler Services does not collect data by diagnosis of child. A recent survey of each network provided information about prevalence of ASD and staff training across the Part C networks. Some information received:

- "Approximately 30-40 children referred to Autism Lead. Of these children approximately 15 children received the diagnosis before the age of 2 ½ years old"
- "When I look at the number of children we served last year - 475, of those, 47-50 (approximately 10%) could be identified as having concerns about behavior and communication that might indicate possible autism. Of those 10%, approximately half have a diagnosis before leaving our program (24-25)."
- "We have staff members trained to work with children with Autism. Our Physical Therapist is highly trained in Sensory Processing Disorders and Discrete Trial Training.

The Speech-Language Pathologist will be one of Kansas' Regional Autism Consultants through the KS Instructional Support Network of KSDE. We also have access to an outside consultant from KU trained in 'Positive Behavior Supports', utilize the KUMC Telemedicine program and we host an annual 2-day diagnostic clinic for Autism utilizing two teams from KUMC. We are currently serving 2 children diagnosed with Autism. Seven (7) children are receiving services and are in the Autism diagnostic process."

- "We contract with providers that use ABA, TEACH, PECS, etc. When the referral comes in and we suspect Autism, we make sure we initially assign them to someone who specializes and has experience with Autism."
- "We are currently providing services to 4 children who are in the diagnostic process for Autism and 4 who are being referred for diagnosis. Several of our staff attended the 3-day Autism Institute sponsored by Greenbush this summer."
- "We just transitioned 2 children who had been diagnosed with Autism and had reached three years of age. Three (3) more who are currently receiving services are in the referral process for possible diagnosis. Some of the trainings staff has received over the past two years related to Autism are a 15-hour Family Centered Early Intervention and Autism Spectrum Disorders Institute, a 7-hour workshop on Working with Asperger Syndrome: A Strengths-Based Approach and a 6-hour Autism Spectrum Disorders workshop."

### **Local Control in Part C**

Each network has a Local Interagency Coordinating Council (required members include a minimum of 2 parents, SRS, Education, Health Departments and Part C and other agencies are included according to community need). The community council supports the local Part C/tiny-k program in fulfilling assurances signed with KDHE to implement Part C. These assurances require that the local program implement Part C of IDEA according to Federal and State law. Some specific assurances are:

1. there are early intervention services available year-round on an interagency basis at no cost to parents
2. training is available regarding Part C to community, family members, service providers, administrators and other in the community
3. assure procedural safeguards
4. qualified personnel are in place to provide early intervention services

### **Overall Responsibilities of Part C in Kansas**

- Early Intervention Services at the state level are to focus on establishing a system of care that is legislatively intended to incorporate the developmental, health and medical needs of eligible infants and toddlers into one comprehensive plan called the IFSP. This implementation of Part C at the state level should focus on the development of system and infrastructure that supports local programs and delivery of services at a program level. Thus, Part C of IDEA is responsible for ensuring the provision of family-focused and family guided services that enhance and expand the family's ability to care for and enhance their child's development.
- *The state agency for Part C is responsible for the development and coordination of a "system for payment for early intervention services from Federal, state, local, and private sources (including public and private insurance coverage)..." This language has remained intact through the reauthorization of Part C of IDEA in 2004. Part C was and*

continues to be envisioned by Congress with a primary role of facilitating access to resources, services and supports, not necessarily of paying for them.

### **Elements of Kansas Part C Infant-Toddler Programs Specific to Services for Children with Autism Spectrum Disorder**

<b>Program Element</b>	<b>Brief Definition</b>
<b>Areas of Agreement for Majority of Programs</b>	
<b>Earliest Possible Start to Intervention</b>	Children receive services appropriate to their needs as soon as they are identified for Part C regardless of presence of a diagnosis
<b>Individualization of Services for Children and Families</b>	Adjustments in goals, intervention strategies, and evaluation criteria are made for each child and family receiving services, determined by the child's needs, strengths, and interests and the family's concerns, priorities, and resources; as well as the program's overall theoretical and conceptual framework
<b>Systematic Teaching</b>	Instruction or intervention that is carefully thought out, logical, and consistent with a conceptual or theoretical basis and involves planning, implementing, and assessing intervention steps; each step is intentional, coordinated with an overall approach, and builds toward meaningful goals.
<b>Developmentally-Appropriate Practices</b>	Practices that have been designed for all young children; programs are guided by information about child development and learning, each individual child's strengths, needs, and preferences and knowledge of the social and cultural contexts in which children live.
<b>Intensity of Engagement</b>	Engagement refers to the amount of time that a child is attending to and actively participating in the social and nonsocial environment. Intensity of engagement is sometimes expressed as the percent of enrolled time that is spent in teaching interactions, or in activities in which the child is actively learning. The time that a child is engaged in learning opportunities may occur during program time and in home or community settings.
<b>Family Involvement</b>	Includes family involvement in their own child's program; services provided to families primarily because their child is eligible/has ASD; services provided to families that are not directly related to ASD but may impact on overall family functioning; family support and networking; and family involvement in the overall program.
<b>Intervention in Settings with Typical Children or in Natural Environments</b>	Some or all interventions occur in settings with typical children. This may include fully integrated toddler or preschool settings, community childcare, community recreation activities and other supports in home and community settings.
<b>Program Areas That Are Part Of Some, But Not All Programs</b>	
<b>Structured Environment</b>	Arranging the environment, instructional materials, and teaching interactions to elicit, facilitate, or support specific skill attainment or development, including the use of environmental arrangements or visual cues to organize or schedule activities, to facilitate

	choices, and to define work, play, or rest spaces
<b>Specialized Curriculum</b>	A core curriculum to address specific needs of children with ASD, includes these key areas: attending to elements of the environment, imitating others, language comprehension, use of language, playing appropriately with toys and interacting socially with others
<b>Specialized Training attended by Part C staff across Kansas</b>	Activity Based Intervention with young children with Autism, Floortime, Kreiger Institute, Applied Behavioral Analysis, Pivotal Response Training, specific training on sensory/feeding issues of young children with Autism, Positive Behavioral Support, TEACH, Professional Development in Autism - University of Washington, Assistive Technology training, Verbal Behavior training.
<b>Specialized Strategies (based on individual needs of child/family)</b>	PECS, Applied Behavioral Analysis, ABLLS, Pivotal Response Training, Visual Schedules, Social Stories; Sensory diets, Augmentative Communication, Communication Strategies specific to children with Autism, Social Skills Training Specific to Children with Autism, Floortime, responsive teaching, use of consultants outside immediate team such as psychologists, dieticians, AVA certified staff, university instructors, developmental pediatricians, information on resources about ASD, structured play groups, support groups, home program design, respite through targeted case management, support in child care, mental health support for family support;

Adapted from: Elements of Effective Programs for Young Children with Autism Spectrum Disorders, [www.nectac.org/topics/autism/effecprog.asp](http://www.nectac.org/topics/autism/effecprog.asp)